

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09801590</i>	FILING DATE <i>03-08-01</i>							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.								*
1)						51							
2		1					52							
3		1					53							
4		1					54							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	<i>3</i>						TOTAL IND.							
TOTAL DEP.	<i>10</i>	↔		↔		↔	TOTAL DEP.							↔
TOTAL CLAIMS	<i>13</i>						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS